

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/857021 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2			1	
4				1		
5					1	
6					1	
7		3			1	
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TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1		1	1

*	IND.	DEP.	*	IND.	DEP.	*
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TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			1		1	1